Enter and View visits to Thomas Young Ward, St George's Hospital

16th July and 13th September 2024

healthwatch

Acknowledgement

The Healthwatch Wandsworth Enter and View Team would like to thank the management, staff and patients of Thomas Young Ward who made us very welcome and assisted us in carrying out our visit and in preparing this report. Special thanks to Catherine Chambers for their continued support throughout the process.

The Project Team

Martin Haddon, Maximilian Russel, Nina Smith, Sara Turner

Table of Contents

Enter and View visits to Thomas Young Ward, St George's Hospital

16th July and 13th September 2024

Executive Summary

Overview

Healthwatch Wandsworth (HWW), set up under the umbrella of Wandsworth Care Alliance (WCA), is the local patient and public champion in the areas of health and social care services. To decide on where to focus our work we look at what people have told us when taking part in our surveys or sharing experiences with us. We speak to local health and care decision makers to hear about their plans to develop services and we use information on local health data to set our priorities.

Healthwatch Wandsworth has the statutory authority to visit local health or social care services, using trained Enter and View volunteers, with the main focus on service users' and carers' experience of care.

With St George's Hospital being a key hospital for residents of the Borough of Wandsworth its delivery of services and patient experience remain a high priority for local people and consequently was chosen as the site for this visit.

We discussed with staff at St George's what aspect of the hospital we should focus upon. We came to an agreement that looking into the patient experience of the stroke pathway at St George's Hospital would serve as a good focus and help build upon the national Stroke Patient Reported Experience Measure Survey (PREMs) from 2022/23. Within this pathway we chose to focus on the experience of Thomas Young Ward which serves as the Acute Stroke Unit at St George's for Wandsworth, and also includes the Wolfson Acute Neurorehabilitation Unit. This Acute Neurorehabilitation Unit is part of the Wolfson Neurorehabilitation Centre which serves as London's largest neuro rehab centre. It is primarily based at Queen Mary's Hospital, Roehampton with 26 beds on Gwynne Holford Ward. However, there are a further 10 beds on Thomas Young Ward for more acute cases.

We conducted two visits to Thomas Young Ward, the first of which on 16th July 2024 was to familiarise ourselves with the ward. In our second visit on 13th September 2024, we spoke with nine patients on the ward as well as the family members of one of these patients. We used a semi-structured interview with a set of prompts covering various topics around patient experience.

Key Findings

Positive patient experience of staff and care

Respondents were generally very satisfied with the dignity and respect shown to them by staff and were confident in the care they were receiving.

Most respondents felt that they were able to develop relationships with the staff and that if any issues or concerns arose, they could report these in the knowledge that they would be addressed and dealt with in a timely manner. Respondents felt assured that staff were there to assist them when needed.

Patients were also grateful for the support offered from psychologists during their time on the ward. They also stated that they were satisfied with the quality and quantity of their rehab therapy. A majority of respondents also stated that they thought staff did a good job of keeping family and friends updated of their progress while on the ward.

Patient knowledge and involvement in medical/nursing care plan

One theme that emerged from a number of our interviews was an absence of understanding or knowledge on the patient's part around their individual medical/nursing care and in particular a lack of awareness of the existence of a care plan. This was in contrast to their rehab therapy plan which the majority felt well informed about and of which they had a timetable printout.

Ward environment

Respondents were mainly positive about their experience of the ward. The most positive aspect raised by the nine respondents was that the ward and its visiting hours were welcoming for friends and family and allowed them to have multiple visitors daily if desired. Cleanliness of the ward was also highlighted as a positive by the respondents with a cleaning team regularly attending to the ward.

There was a more mixed response to the comfort of the ward and personal space, with the most prevalent issue in relation to the ward environment being that of noise. In most circumstances this was due to noise from other patients or their visitors on a shared ward bay.

PREMs national survey and relation to local findings

While our response size of nine patients is very small in comparison to the PREMs national survey of 6,600 respondents many of the same positives and suggestions for improvements were highlighted on a local scale on Thomas Young Ward. There were however some differences in terms of what we saw on a local level from our respondents.

Recommendations

We made recommendations in the following areas:

Enhanced communication and information for patients during their time on the ward

- Wider distribution of patient information booklets
- Alternative formats for patients who cannot read the booklets
- Regular provision of the medical/nursing care plan

- More visible location of whiteboard information for bedbound/less mobile patients
- Clearer information to patients on discharge planning process

Further patient involvement and the collection of feedback

- Consider the possibility of a peer support group for patients
- Interim feedback from longer stay patients

Details of these recommendations can be found in **Section 5.2** of the full report.

Thomas Young Ward, St George's Hospital – Acute Stroke Unit

Report of Enter and View visits 16th July and 13th September 2024

1.0 Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion for health and social care services. We send our reports to Healthwatch England to have an influence at national level. HWW is funded by the Department of Health through the local authority, Wandsworth Borough Council. Our staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA). HWW is governed by an Executive Committee consisting of four Trustees of WCA and four members directly elected by the community. To decide on where to focus our work we look at what people have told us when taking part in our surveys or sharing experiences with us, we speak to local health and care decision makers to hear about their plans to develop services and we use information on local health data to set our priorities.

1.2 Enter and View

Healthwatch Wandsworth has statutory powers to enter health or social care services provided in the borough or those which cater for the local population but are located outside the borough. Our main aim in visiting services is to talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services and to observe how services are delivered from the perspective of a member of the public. Our main focus is on service users' experience of care.

Our Enter and View volunteers receive full training and are DBS (Disclosure & Barring Service) checked before they can become authorised visitors. After each visit, the team produces a report containing its findings and recommendations. The reports are then sent to the service provider for comment, and to relevant bodies such as Healthwatch England, the Care Quality Commission (CQC), and those responsible for commissioning and providing the service we have visited. Finally, our report and any response from the service provider to our recommendations are posted on the Healthwatch Wandsworth website.

It is important to note that our findings in this report relate to observations and reflect what we were told by the people we were able to speak to on particular days. It should not be taken as a representative portrayal of the experiences of all service users and staff associated with the service over time.

1.3 Background

1.3.1 The national context

Our focus on the stroke pathway at St George's comes in the wake of the first national Patient Reported Experience Measures (PREMs) survey in relation to stroke survivors. Conducted between 2022 and 2023 by the NHS and the Stroke Association it received 6,600 responses.[1] Stroke survivors were asked about their experiences of stroke care in hospital and the community. Other areas of the NHS such as cancer care and inpatients already have PREMs surveys, but this was the first time one was conducted in relation to stroke.

The survey was conducted in order to provide information to stroke units and Integrated Care Systems (ICS) about patient experience and help inform local quality improvement. As a pilot its findings could be used to identify themes rather than to set standards.

Below are the main findings of the Stroke PREMs 2022/23 National Report:[2]

- Stroke survivors felt they were treated well by staff
- They were generally happy with care and treatment
- Staff showed dignity and respect towards patients
- Staff helped them understand their stroke and what happened next
- Some would have liked to be involved in planning their care and therapy
- More work can be done to make sure stroke survivors are involved in making decisions around their care
- Some survivors would have liked psychological support but were not offered it
- Some would have liked more help to get back to hobbies and activities
- They also said they would have liked to talk to other stroke survivors

These themes were taken into consideration when looking at the local situation at St George's Hospital.

1.3.2 The local context

St George's Hospital is part of St George's University Hospitals NHS Foundation Trust. It serves as one of the UK's leading teaching hospitals. With more than 10,000 staff it is one of the largest healthcare providers in the country and serves the residents of Wandsworth and surrounding boroughs, providing essential healthcare services to a population of 1.3 million people. St George's also provides a range of tertiary services in specialised areas such

[1] https://www.stroke.org.uk/sites/default/files/professionals/stroke_prems_22_23_national_report.pdf
[2] https://www.stroke.org.uk/prems-key-messages-aphasia-friendly.pdf

as neurosciences and paediatric medicine, extending care to approximately 3.5 million people across Surrey and Sussex.

In relation to stroke it serves as one of London's four major trauma centres, home to hyper-acute stroke and heart attack centres. The stroke pathway is structured across both St George's Hospital and Queen Mary's Hospital in Roehampton. St George's provides care on both Thomas Young Ward, Acute Stroke Unit and Wolfson Acute Neurorehabilitation Unit, and the William Drummond Ward, Hyper Acute Stroke Unit. At Queen Mary's, the Gwynne Holford Ward has 26 beds as part of the Wolfson Neurorehabilitation Centre for patients with less acute medical needs.

Accordingly, as St George's Hospital acts as an important hub for the stroke pathway in Wandsworth and beyond, we felt it was appropriate to expand upon the national Stroke PREMs survey and understand the patient experience at a local level.

1.4 Objectives

For this Enter and View visit we were primarily concerned with understanding the patient experience of care on Thomas Young Ward.

We were interested in understanding patients' experiences of care rather than in obtaining a large number of responses to a survey. **(See Section 2.2 for more information)**

We created a list of question prompts to help conduct a semi-structured interview which would cover aspects of the patient experience of Thomas Young Ward including but not limited to, medical and nursing care, rehab therapy, ward environment, discharge planning, and concerns and complaints.

2.0 How we went about it

2.1 Preparation

2.1.1 Meeting with service providers

Following a discussion on 28th May 2024 with Nicola Shopland, Site Chief Nurse at St George's Hospital, and Subi Menon, Director of Nursing we were put in contact with Catherine Chambers, Head of Nursing for Neuroscience, to discuss the next steps.

As a team we spoke with Catherine and came to an agreement to focus upon the Thomas Young Ward patient experience. It was deemed the most suitable for collecting feedback as opposed to the William Drummond Ward (Hyper Acute Stroke Unit) or the Gwynne Holford Ward (Rehabilitation).

We also asked for any information about the ward that patients and families/friends receive to be shared with us.

We were sent digital copies of materials given to patients explaining what happened when a stroke occurred and also how the ward was organised to provide nursing, medical and rehabilitation care. These were entitled ***Patient***

and family information pack – Acute stroke unit and ***Wolfson Neurorehabilitation Centre – Information Booklet***. We were also sent the results of the national PREMs survey for St George's University Hospitals NHS Foundation Trust which included 25 respondents from the national total of 6,600.

2.1.2 First Enter and View visit to Thomas Young Ward

Three volunteers and one HWW staff member visited St George's Hospital on 16th July 2024 to understand the layout of the ward. We met Catherine Chambers, Emma Burgess-James, Ward Manager, and Sukpal Kaur, Matron, who showed us the ward and explained to us how it functioned. This helped us to make sure that on the day of our Enter and View visit we could focus on speaking to patients and understanding their experiences without having to ask for clarifications related to the service the ward provided.

There are two separate rehabilitation teams for Thomas Young Ward. The Acute Stroke Rehabilitation and the Neurorehabilitation team. Most have sessions from physiotherapists, occupational therapists, speech and language therapists and a clinical psychologist depending on the clinical need of the patients. The medical teams are separate too, but the nursing team covers the whole ward. Patients are also seen by a Social Worker, Dietician and any other professional discipline that they may require. There is also a Chaplaincy team which visits the ward.

2.1.3 Creating a semi-structured interview

Following our first visit we set out as a team to create a draft set of prompts to be used on the day of the second visit. We wanted to make sure the questions were both engaging and would generate discussion but also that they could be easily understood by those on the ward. We decided to focus on different themes around patients' experience of being on the ward.

2.2 The Enter and View visit

Three volunteers and one staff member of Healthwatch Wandsworth visited the hospital on 13th September 2024 from 11am to 4pm. We used our semi-structured interview to cover the different themes.

Catherine Chambers provided a list of eight patients on the ward who would be suitable to speak to. We conducted one to one interviews simultaneously within the different bays and side rooms on the ward. There was also time to speak to one more patient therefore we were able to speak to a total of nine patients on the day, as well as the family members of one of these patients.

A member of the rehabilitation team pointed out to one of us that many patients with stroke have pronounced communication difficulties ranging from mild to severe aphasia. They asked why we were not using an aphasia-friendly format with the possibility of pointing at pictures to respond to questions. We explained that we were not conducting a survey in which we wanted to speak to large numbers of patients but rather more in-depth conversations to gain qualitative insights into how patients experienced

services on the ward. This meant that patients needed to be able to communicate more effectively than those with severe aphasia.

3.0 Our Findings

3.1 Ward Observations

As a team we recorded our findings on the layout of Thomas Young Ward and its operations mainly during our pre-visit on 16th July 2024 but also on the date of our second visit on 13th September 2024.

The ward caters for a maximum of 16 patients who are designated for Thomas Young Acute Stroke Unit and a maximum of 10 patients for Wolfson Neurorehabilitation. The distribution of these patients is mixed throughout the ward.

All 26 beds are located on a corridor, six individual side rooms are located away from the main entrance of the ward and the remaining 20 beds are divided up into five bays of four beds and separated by gender. Despite having mobile workstations in the corridor, it did not seem congested and was easy to navigate through.

Toilet and shower facilities are also located opposite these rooms with approximately one toilet per four patients and one shower per eight. Side rooms have ensuite facilities.

Following a right angle turn the second corridor of the ward houses most of the specialist rooms and staff areas including, but not limited to, an activity room, a gym, a dining room and a quiet room.

On both visits it seemed the majority of the patients would remain in their bed or in a chair/wheelchair next to it during their time on the ward. The main movement of patients around the ward was either with staff to use facilities or being taken rehab therapy sessions.

3.2 Demographics

We spoke to six men and three women. For men the most common age range of interviewees was 65 to 79 years old while for women it was 50 to 64 years old with one person in their early 30s. In terms of ethnicity 45% were White: British, this was followed by Black British and Asian British.

We spoke to four patients admitted as part of the Thomas Young Ward Acute Stroke Unit and to five patients admitted as part of the Wolfson Neurorehabilitation Unit. One of the Wolfson patients had not experienced a stroke but had had a relapse of a neurodegenerative disease.

It is important to note that nine interviewees is a small sample size and, with interviews conducted only on one day, it may not provide an accurate reflection of the demographics of patients on Thomas Young Ward in general.

3.3 Patient experience of admission

Eight of the nine patients expressed no difficulties with admission to Thomas Young Ward in regards to delays or transport. One patient said that they were very unwell when they were transferred to the ward and therefore could not evaluate their experience of admission.

Six of the nine respondents had been admitted to Thomas Young Ward from other wards within St George's Hospital, of these three had come from the Hyper Acute Stroke Unit (HASU), two from Rapid Access Acute Rehabilitation (RAAR) and one from the Regional Neurology Unit. The HASU is part of the South West London Stroke Pathway while RAAR and the Regional Neurology Unit form part of the Neurological Rehab Pathway.

The RAAR unit helps patients who have an acquired brain injury (excluding stroke), spinal injury or other neurological diagnosis which requires specialist inpatient multidisciplinary neurorehabilitation. The Regional Neurology Unit located on Kent Ward at St George's Hospital specialises in the care of patients who have a neurological condition, which also includes patients who have had a traumatic brain injury.

The remaining three respondents had been transferred from other hospitals, two from King's Hospital and one from Epsom Hospital.

We also asked patients whether they felt they were given enough information about what to expect on the ward before admission. The answers to this were mixed but it must also be taken into account that many patients were unwell at the point of admission and may not have a good recall of the process.

Seven out of nine patients felt they had some idea of what to expect about the ward and that had been helpful, with one patient being given a video call before being admitted explaining the plan of action and what the ward would be like. Another visited the ward from another unit within St George's. Of the remaining two, one did not remember admission while the other felt that they were unprepared for what to expect on the ward.

Only two of nine patients stated that they or their family had been given leaflets with information about the ward. These booklets which were shared with us digitally provided a lot of information and we believe the greater distribution of these to patients and their families would be useful. **(See Section 5.2 for more on our recommendations)**

3.4 Patient experience of medical/nursing care and rehab therapy

For all nine patients we spoke to, medical/nursing care and rehab therapy formed the basis of their day-to-day experience on the ward.

3.4.1 Patient experience of medical/nursing care

Patient's level of knowledge around their medical/nursing care plan seemed to be shaped partially by their designation as a Thomas Young of Wolfson Neuro patient. Three of the five Wolfson Neuro patients were aware of a

medical/nursing care plan while for Thomas Young Patients it was only one out of four.

These four patients were confident that they had a medical/nursing care plan and, of these, three said that the plan of care had been explained to them by staff. These three patients were also aware that the plan was kept up to date each week and that every two weeks it was discussed by the multidisciplinary team (MDT). The remaining five patients were less clear about whether they had a specific medical/nursing care plan but two of these said that despite not being aware of a plan they felt confident that the nursing team knew their medical situation and what was needed in terms of rehabilitation. In contrast to the mixed understanding medical/nursing care plan all nine patients said they clearly understood their rehab therapy plan.

Seven of the nine patients said they were aware of which nurses were on shift with three stating that they introduce themselves and write their name on the whiteboard above their bed. Of the two patients who were not aware, one of these was not familiar with the whiteboard as they spent most of their time bedbound and it was located behind him. We believe it would be useful for this information about staffing to be placed in a more prominent and suitable location than behind their bed for those who are bedbound/less mobile. (**See Section 5.2 for more on our recommendations)**

Regarding the quality of medical and nursing care, including the attitude of staff, the responses were overwhelmingly positive with eight of nine patients stating that they were very satisfied. Highlights from patients included that they felt nurses and doctors were helpful and respectful of patients' dignity and privacy. Two patients also mentioned their enjoyment in being helped by staff to cook again in the practice kitchen. The family members of one patient were also full of praise for the staff and their dedication to their work. The one patient who did not have an entirely positive experience of the medical and nursing care stated that it had been only negative at the start of their admission. **(See Section 3.7 for more information)**

Another positive was that the majority of patients felt that they had developed a relationship with the nursing team and that nurses understood and treated them as individuals. Highlights included that they felt that they made conversation with them, they were able to remember their names, and that they felt at ease with them. Only one patient stated that they felt that while they were familiar with the nurses, they did not feel that the nurses knew them as well.

The majority of patients also stated that staff provided the help that was needed. Six out of nine respondents said that sometimes it took slightly longer than they expected for a nurse to attend to them. However, respondents also noted that they understood how busy the nursing team were and that if they were in the middle of resolving another issue, they knew they would need to wait.

Eight of the nine respondents said that they had received support from psychologists during their stay and that they had appreciated this. One patient stated that the support had been "important at the start of admission" helping them to "adjust to the shock of the situation". The family members of one patient also stated that they had found the psychologist's support very helpful. The strength of the psychological support on the ward should be highlighted in contrast to the weaker findings in the national PREMs survey.

3.4.2 Patient experience of rehab therapy

All nine respondents were fully aware of their rehab therapy plan and understood what it involved. For all nine patients, physiotherapy was a part of their rehab with occupational therapy being mentioned by six of the nine respondents. They had written care plans for rehab therapy and we saw that these plans often involved several sessions each day.

We also asked patients about how involved they had been in setting their rehab therapy goals and if they were involved in the tracking of progress. The feedback here was positive with six out of nine respondents acknowledging that goals are discussed with them roughly every two weeks.

Eight of nine respondents also felt that they were satisfied with the quality and amount of physical and occupational therapy they were receiving, with the remaining patient stating that they were still acclimatising to it, having only been admitted to the ward a week before.

One patient, with a degree of aphasia, was seen with a speech therapist present and it was evident that the member of staff was very aware of the person's family and wider situation and was able to help them to tell us about family visiting.

3.5 Ward environment and visiting hours

We also asked patients about their experience of the ward in general, outside of the rehab therapy and the medical/nursing care plan.

Regarding activities outside of the medical/nursing care plan and rehab therapy most respondents felt that they were sufficiently occupied on the ward with things to do. Of these, five respondents took part in group activities that were organised on the ward. Two respondents felt that the therapy programme took up enough of their week to keep them occupied while one respondent stated that there are a range of activities available, but they do not take part simply due to personal preferences.

We also asked patients about their thoughts on the food provided on the ward. This applied to eight of the respondents as one preferred their partner to bring them homemade food.

There were no major complaints around the food with the majority of respondents stating that it was either fine or good. Three patients had minor issues around choice and taste, with one stating that while halal meat was available it was often too highly spiced to be appropriate for their digestion.

Two of the nine respondents also stated that they found the mealtimes too early. One other respondent stated that on one occasion they had had food delivered to their bed cold due to an error in distributing meals on the ward. The four respondents who required special dietary needs all stated that these were acknowledged by the staff and catered for.

No respondents had issues with the cleanliness or hygiene of the ward. Patients also stated that if there were any problems such as blocked toilets these were dealt with if flagged up by patients or their families. Views about comfort were more mixed with the majority of respondents finding the ward and personal space comfortable while two patients did state that they felt the four bed bay to be a bit "congested" and their personal space "narrow".

The biggest issue raised in regards to ward environment was disturbance due to noise which was mentioned by eight of the nine patients. One respondent said that they were sometimes disturbed by staff speaking in the corridor and on one occasion had asked that they move further down the ward so they could rest. For four respondents the noise complaint was mainly due to other patients and their visitors. One respondent noted that this was unfortunately a standard issue of being in a shared bay and a multibed ward and that you therefore simply have to "cope with noise". We were told by staff that there are sleep packs that are offered to appropriate patients that consist of ear plugs and an eye mask.

On the topic of family/friend involvement and being able to visit the ward, the responses were overwhelmingly positive. Eight of the nine respondents stated that they had family or friends visit regularly with many often having a visit from someone every day. Five respondents also highlighted that the visiting hours for the ward were welcoming and more than sufficient. Five respondents stated that staff were keeping their family up to date with their progress while they are on the ward, while two stated that was not required as they tell their relatives about their progress themselves.

3.6 Patient experience of discharge planning

We also asked patients about their knowledge of discharge planning since admission. Four of the nine respondents felt it had been made clear to them how long they would be expected to stay on the ward after being admitted. Three of the patients who had been given a goal date for discharge had had their timeline changed, with two being extended by one month and one being shortened. For the remaining five it was less clear with some being given an approximate timeline while others felt they had not been told at all.

Five respondents stated that they or their family had been involved in the discussion around discharge planning, mainly on the topic of making their homes suitable for independent living. For three respondents it seemed more likely that different accommodation would have to be found, in two cases this would be a care home and for the other respondent it was finding a new home that was suitably adapted for them. For the majority of patients their understanding of where they would be heading after being discharged

made them pleased as they could return to their original home, while those who had to find new accommodation had come to accept the situation.

At the end of our visit, we discussed discharge planning with the nurse who is the discharge coordinator. We raised the fact that two patients we had interviewed who had not been long on the ward had not yet had any detailed discussion of discharge arrangements. It emerged that the decision over when to start discussing details of discharge with the patient and making any plans or arrangements is effectively a pragmatic one which arises out of discussion in the MDT of a patient's circumstances and progress. We would suggest that this pragmatic approach around discharge is made clear to patients following their admission in conversation and information booklets. **(See Section 5.2 for more on our recommendations)**

The discharge coordinator mentioned the key role of the different Local Authority Social Services in arranging placements or providing support packages and that their performance varies. It was reassuring to us to hear that Wandsworth Social Services were found to be generally responsive.

3.7 Concerns/complaints

Four of the nine patients had no concerns or complaints about their time on the ward. Of the remaining five, two of the concerns related to issues with toilets/bathrooms being blocked at different points in time while one concerned an unsuitable wheelchair that was dealt with by staff. Another was about a patient that had been regularly wandering the ward corridor unattended and going into patient's rooms without warning and that this had caused distress. Finally, another patient stated that they had been concerned by the attitude and treatment of some of the staff at the beginning of their time on the ward where they had not been aware of their physical limitations. All five respondents did state that they were able to talk to a member of staff about their concern and that the situation was resolved.

In regards to the process of making a formal complaint five of the nine respondents did not feel that they were confident in how to go about this, while another two stated that they would simply talk to the staff about the matter. We would suggest that a wider distribution of the booklets which include this information would help increase patient knowledge around this process. **(See Section 5.2 for more on our recommendations)**

We also asked patients if they had been asked by any of the ward staff to provide feedback on the quality of care they were receiving on the ward. Of the eight patients who were asked this none stated that anyone had asked them for their feedback about the ward. Collecting feedback from patients either during their time on the ward or at the point of discharge could help to increase patient satisfaction and flag any recurring themes. **(See Section 5.2 for more on our recommendations)**

3.8 Patient suggestions for improvement and overall experience

We asked patients if there was anything they would liked to see improved on the ward. Seven patients made suggestion. Some of these have already

been mentioned in the corresponding sections above. Two recommendations concerned having the noise reduced on the ward, while another two concerned having more food options. One respondent would have liked bathrooms to be in the shared bays to reduce the distance needed to reach them, while another would like more personal space around their bed. One respondent stated that they would like a peer support group where they could discuss their experiences and find comfort in knowing there are others who have gone through the same thing. We were informed by staff that there is a coffee club, initiated by the Clinical Psychologist, in which patients are accompanied by staff on a weekly visit to the hospitals on-site coffee shop. Patients are provided the opportunity to socialise and interact in a non-clinical setting with other patients, family members and staff. We would suggest that it is considered whether patients would also benefit from a patient centred peer support group in which they can openly discuss their shared circumstances. **(See Section 5.2 for more on our recommendations)**

In terms of rating the overall experience of their time on the ward all nine respondents answered positively or neutral, with six stating that they were very pleased or happy with their experience. This reflects the positive themes of dignity and respect shown by the staff and confidence in the care they were receiving that were highlighted by all nine patients as well as the one patient's family members we spoke to.

4.0 Follow-up interviews after discharge

When speaking to patients on the day of our visit we also asked if they would be interested in speaking to us after they had been discharged from the ward so we could understand more about the stroke pathway and post-discharge care. Five of the nine patients said they would be interested in speaking to us once they had been discharged and we would like to thank them for their cooperation and interest in sharing their experience after discharge.

At the time of writing this report only three of these had been discharged from Thomas Young Ward. Attempts were made to contact the three respondents on the week commencing 14th October 2024. Unfortunately, we were unable to reach them.

5.0 General conclusions and ideas for improvement

Part of our remit for Enter and View is to offer insights and recommendations from what we were able to gather to inform delivery and development of services.

5.1 General conclusions

5.1.1 Positive patient experience of staff and care

One of the strongest themes that came out of our Enter and View visit was that most of the patients that we spoke to were generally very satisfied when it came to their care on the ward as well as appreciative of all the staff.

Respondents felt that they were able to develop relationships with the staff and that if any issues or concerns arose, they could report these in the knowledge that they would be addressed and dealt with in a timely manner. Patients also acknowledged the pressures on the staff and that any delays or limitation that they experienced were often due to a consequence of staff having to attend to other duties. Respondents overwhelmingly felt that staff treated them with dignity and respect and were there to assist them when needed.

Patients were also grateful for the support offered by psychologists during their time on the ward. They also stated that they were satisfied with the quality and quantity of their rehab therapy plan with the majority being informed about what their weekly plan involved. A majority of respondents also stated that they felt staff did a good job of keeping family and friends updated of their progress while on the ward.

5.1.2 Patient knowledge and involvement in medical/nursing care plan

One theme that emerged from several of our interviews was an absence of understanding or knowledge on the patient's part around their individual medical/nursing care, and particularly a lack of awareness of the existence of a care plan.

While most patients were aware of which nurses were looking after them on a shift some did not due to the location of the whiteboard with information being placed behind their bed and out of view for those who are less mobile/bedbound.

5.1.3 Ward environment

Respondents were mainly positive about their experience of the ward environment. The most positive aspect raised by the nine respondents was that the ward and its visiting hours were welcoming for friends and family. Most patients also felt that their time was sufficiently occupied by a combination of rehab therapy, group activities, being visited, and free time. Cleanliness of the ward was also highlighted as a positive by the respondents with a cleaning team regularly attending to the ward.

Regarding comfort two patients did raise the fact that they felt the four-bed bay was a bit tight and their personal space around the bed did not allow for them to have as many possessions as they want.

The most mentioned issue in relation to the ward environment was that of noise. In most circumstances this was due to noise from other patients or their visitors on a shared ward bay.

5.1.4 PREMs national survey and relation to local findings

While our response size of nine patients is very small in comparison to the PREMs national survey of 6,600 respondents, which included 25 responses from those in St George's University Hospitals NHS Foundation Trust pathway, many of the same positives and suggestions for improvements were highlighted on a local scale on Thomas Young Ward. There were however

some differences in terms of what we saw on a local level from our respondents.

In line with the findings of the PREMs report our respondents felt that they were treated well by staff and that they were treated with dignity and respect, they were generally happy with care and treatment. The recommendations from the PREMs report around increasing the involvement of patients in planning their care and therapy aligned with our findings, while on the rehab therapy side our respondents felt overall that they were sufficiently involved.

The desire to have more opportunities to talk to other stroke survivors was also noted by one of our patients who felt that a peer-to-peer group would make them feel less isolated and take comfort in the fact that they are not the only one who is/has gone through this experience.

A major difference was that in the PREMs report 23% off stroke survivors stated they would have liked psychological support but were not offered it, while the situation in Thomas Young Ward seemed to indicate that this was part of every patient's care plan and was greatly appreciated.[3]

5.2 Recommendations

Our Enter and View work aims to focus on the patient's experience of care and in this regard the responses were overwhelmingly positive with no major complaints.

In line with the findings of the national PREMs report the following recommendations could be considered in order to further improve the patient experience on Thomas Young Ward.

5.2.1 Enhanced communication and information for patients during their time on the ward

It emerged from our interview that not all patients felt very well informed of what their time on Thomas Young Ward would look like prior to arrival. While the case can be made that those arriving on the ward may not be able to take on large amounts of information, we would suggest that this information be made readily available for patients throughout their stay on the ward in the form of leaflets and that patients are provided information verbally after admission once they will be able to take it on board. Staff at Thomas Young Ward did share two booklets with us one entitled ***Patient and family information pack – Acute stroke unit*** and the other ***Wolfson Neurorehabilitation Centre – Information Booklet***, we would suggest these are more widely distributed and made available to patients throughout their time on the ward.

Knowledge around a patient's medical/nursing care plan also seemed to be variable. We would suggest that in the same way patients are provided a weekly timetable of their rehab therapy plan they are also given information

[3] https://www.stroke.org.uk/sites/default/files/professionals/stroke_prems_22_23_national_report.pdf p.18

about their medical/nursing care plan so that they can have it to hand and that they are informed of updates/changes to this verbally and in a written format.

We would also add that information around the nursing team displayed on a whiteboard is moved to a more visible and suitable location than behind their bed for those who are bedbound/less mobile so they can be aware of which members of staff are looking after them.

Finally understanding of discharge planning among our respondents was mixed. We would suggest that this process is made clear to all patients on the ward following admission. Information on discharge planning is already present in both the patient booklets referenced above and therefore if these are made more widely available it would help improve patient understanding. We would suggest that the pragmatic nature of discharge planning we were informed about is reflected in these booklets. We would also encourage that staff make sure these booklets are provided in alternative forms for those who cannot read them i.e. in other languages, orally, or Easy Read format.

5.2.2 Further patient involvement and the collection of feedback

In line with the findings of the PREMs report we would suggest an increase in patient involvement in their nursing/medical care and rehab therapy plans. Patient involvement should increase with better communication and understanding for patients around their plans and how they can be involved in tracking their progress and setting goals.

We would also ask staff to consider whether a patient centred peer support group would be beneficial following this suggestion from one of the respondents we spoke to. This could potentially build upon the success of the weekly coffee club which helps fulfil a wider social function for patients. This peer support group would provide a space for patients to share their thoughts and discuss their situation with others who are experiencing a similar rehabilitation process. Sukpal Kaur, Matron for Thomas Young Ward and Gwynne Holford Ward, confirmed to us that they will liaise with Wendy Doyle, St George's, Epsom and St Helier Hospital Group (GESH) Head of Patient Experience and Engagement, on how patients could potentially benefit from a patient centred peer support group.

Staff made us aware of a Family and Friends Test survey that is given to all patients when they are discharged. This survey covers many aspects of the patient experience such as quality of care, privacy, being treated with dignity and kindness and discussions in discharge planning. We would however still recommend that some form of interim feedback is documented for patients who are on the ward longer than usual allowing them to benefit from the resolution of possible concerns.

6.0 Disclaimer

Please note that our findings in this report relate to observations and interviews on a particular day. It should not be taken as a representative portrayal of the experiences of all patients at Thomas Young Ward.

We must acknowledge that the responses we received and the trends and themes that arose were from a small sample size of nine respondents.

7.0 Head of Nursing for Neurosciences Catherine Chambers' Response

Head of Nursing for Neurosciences Catherine Chambers has welcomed Healthwatch Wandsworth's recent Enter and View session on Thomas Young ward St Georges Hospital. In response she said:

"We are pleased to see that the feedback was overwhelmingly positive. We work to ensure our facilities meet the needs of our patients, their families and carers, and our staff. We are also extremely proud of our services on Thomas Young Ward. Thomas Young Ward consists of two rehabilitation teams, the Acute Stroke Rehabilitation and the Neurorehabilitation team. On Thomas Young ward patients receive highly specialised, high quality, safe, efficient and sustainable rehabilitation care.

"We would like to thank Healthwatch Wandsworth for conducting this review of our rehabilitation service. In terms of feedback on areas for improvement, we are actively working with colleagues and other stakeholders to continue to make our services the best they can possibly be for patients and their families."

The report highlights some areas of recommendation. These include areas such as enhanced communication and information for patients during their inpatient stay, displaying of information about nursing team in a more visible and suitable location and further patient involvement and the collection of feedback. The Service is reviewing these areas and seeking support from the Trust to make improvements as a priority.

We welcome feedback from everyone as we work to deliver our neuroscience vision and the vision for the Trust and the wider group to provide outstanding care, together. This means that everything we do will be driven by our patients, service users and staff.

Our Patient Advice and Liaison Service (PALS) team are available to help. As a patient, relative or carer, sometimes you may need to turn to someone for help, advice and support. PALS is a confidential advice and support service that can help with any concerns that you may have about any aspect of your or your loved one's care.

Healthwatch Wandsworth
3rd Floor Tooting Works
89 Bickersteth Road
Tooting, London
SW17 9SH

www.healthwatchwandsworth.co.uk
t: 07434633745
e: enquiries@healthwatchwandsworth.co.uk
@HWWands
Facebook.com/hwwands